

(c) whether the plastic used in the 2.5 litre container bottle of Coke and Pepsi is as per the food norms (Food Grade); and

(d) if not, whether Government will fix any norms in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) The standards of carbonated water are prescribed in sub-regulation 2.10.6 of Food Safety and Standards (Food Product Standards and Food Additives) Regulations, 2011.

(b) All beverages (carbonated water) should conform to the specifications laid down under 2.10.6 of Food Safety and Standards (Food Product Standards and Food Additives) Regulations, 2011 for its residual pesticides limits. Also, the tolerance limit for pesticide residues in carbonated water has been prescribed in Regulation 2.3.1 (2) of Food Safety and Standards (Contaminants, Toxins and Residues) Regulations, 2011.

(c) and (d) Containers made of plastic materials should conform the standards provided in Regulation 2.1.1 (2) of Food Safety and Standards (Packaging and Labelling) Regulations, 2011.

Multi drug resistant TB

3661. SHRI KALPATARU DAS: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that drug resistant TB is one of the major challenges in India;

(b) whether around 99,000 Indians have multi drug resistant TB, including some new strains that are not yet known to respond to drugs;

(c) if so, the details thereof; and

(d) the status of medical research to address this issue?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) Yes Sir.

(b) and (c) According to Global TB Report 2013, the estimated proportion of new notified TB cases under the Revised National Tuberculosis Control Programme (RNTCP) in India that have Multi Drug Resistant TB (MDR-TB) is 2.2 percent (21,000 in numbers) whereas that estimated proportion of re-treatment TB cases in India that have MDR-TB is 15 percent (43,000 in numbers). No new strains that are not yet known to respond to drugs, have been reported under RNTCP.

(d) Globally, many medical research activities are ongoing in the field of drug resistant tuberculosis. India considers the outcomes of this research to evolve strategies to prevent and treat drug resistant tuberculosis. For early and rapid diagnosis of drug

resistant tuberculosis, new diagnostic technologies such as Line Probe Assay (LPA) and Cartridge Based Nucleic Acid Amplification Test (CBNAAT) have been developed globally. India is using these technologies since 2012. A new drug, Bedaquiline that may be used to treat drug resistant TB developed by a foreign pharmaceutical company has completed trials for efficacy (phase II trial) and has been approved by United States Food and Drug Administration to treat drug resistant TB patients. To understand the transmission dynamics of Mycobacterium Tuberculosis, several studies have been carried out by and are ongoing at Indian Council Medical Research, AIIMS, PD Hinduja Hospital and other medical institutions in the country. Study on Outcome of standardized treatment for patients with MDR-TB from Tamil Nadu has been conducted by National Institute for Research in TB, Chennai. Apart from these, many operational research projects are being undertaken in India, to develop operational strategies of Programmatic Management of Drug Resistant Tuberculosis. (PMDT).

Emergency treatment protocol at hospitals

†3662. SHRI RAMDAS ATHAWALE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

- (a) whether it is a fact that a doctor in emergency department of hospitals cannot deny first aid to any patient who is not able to pay for the same;
- (b) if so, the details thereof;
- (c) whether Government's attention has been drawn to the cases of not providing treatment in emergency department of hospitals to the patients, who had no money to any patient who not able to pay for the same; and
- (d) if so, the details thereof, as on date, for the last three years?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) and (b)

- (i) Though health is a State subject, the MCI Regulation 2002, stipulate that in case of emergency, a physician must treat the patient and no physician shall arbitrarily refuse treatment to a patient except where the patient is suffering from an ailment that is not within the range of experience of the treating physician. In the latter cases, the physician may refuse treatment and refer the patient to another physician.
- (ii) Further, as per the Clinical Establishments (Registration and Regulation) Act 2010, every clinical establishment shall provide within the staff and facilities available, such medical examination and treatment as may be required to stabilize the emergency medical condition of any individual who comes or is

†Original notice of the question was received in Hindi.